

# EXHIBIT B

AGS00000098

SPIRA, DIANA

LabOne # 53222585

- 12/12/05:42  
53222585
4. Have you been employed with your current employer?  
NA
5. Type of business?  
NA
6. Are you the owner/operator of the business?  
NA
7. What are your exact duties?  
HOMEMAKER ALL HER LIFE
8. DO NOT ASK: Are any of the duties hazardous?  
NO
9. Are you currently employed by or active in any other businesses/enterprises? Yes \_\_\_ No X
10. What is your height?  
5' 5" OR 6"
11. What is your weight?  
125
12. Has your weight changed 10 lbs or more in the last year? Yes \_\_\_ No X
13. Do you have a personal physician? Yes X No \_\_\_
14. What is the name, address, city, state, zip and phone of your personal physician?  
DR. JAMES ISRAEL, 222 ROUTE 59, SUFFERN, NY.  
845-368-0338
15. What is the name, address, city, state, zip and phone of the last physician/clinic/hospital/HMO you visited?  
SAME AS ABOVE
16. When did you last see a physician?  
6 MONTHS AGO
17. Why did you last see a physician?  
THE DOCTOR DID A CARDIOGRAM
18. What were the results of your last physician visit?  
OK
19. Have you ever been treated for/diagnosed with diabetes, tumors, ulcers? Yes \_\_\_ No X
20. Have you ever been treated for/diagnosed with Yes \_\_\_ No X

AGS00000099

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- 12/12/05 12:42  
537486404882
21. Have you ever been treated for/diagnosed with high blood pressure or conditions related to the heart/lungs? Yes \_\_\_ No X
22. Do you have any impairments? Yes X No \_\_\_
23. What type of impairment is it?  
HEARING LOSS
24. What is the degree of impairment?  
SLIGHT LOSS
25. What was the cause of the impairment?  
DUE TO AGE
26. What is the current treatment for the impairment?  
WEARS AN AID IN BOTH EARS. DOES NOT WEAR ALL THE TIME
27. Have you ever been hospitalized for 24 hours or more? Yes \_\_\_ No X
28. Have you ever received disability income payments? Yes \_\_\_ No X
29. Are you now taking medication or receiving treatment? Yes \_\_\_ No X
30. Do you currently take any herbs, vitamins, mineral supplements or other non-prescription remedies? Yes X No \_\_\_
31. What type of herbs, vitamins, mineral supplements or other non-prescription remedies are being taken?  
MULTI VITAMIN
32. What is the reason for taking the herbs, vitamins, mineral supplements or other non-prescription remedies?  
PERSONAL CHOICE
33. What dosage or how often are the herbs, vitamins, mineral supplements or other non-prescription remedies being taken?  
1 DAILY
34. Have you been treated for any other illness/injury including emergency room visits? Yes \_\_\_ No X
35. Have you had any physical exam in the last 3 years? Yes X No \_\_\_
36. When did you last have a physical exam?  
2 MONTHS AGO

AGS00000100

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37. <sup>12/12/055:47</sup>  
<sup>537188004903</sup> Were the results of the physical exam?
38. What is the name, address, city, state, zip, and phone of the physician you saw?  
DR. ISRAEL, SEE ABOVE
39. Do you now use cigars, cigarettes, pipe, chew, or snuff? Yes \_\_\_ No X
40. Have you ever used tobacco in any form? Yes \_\_\_ No X
41. Do you drink alcohol? Yes \_\_\_ No X
42. Have you ever used marijuana, cocaine or any other drugs? Yes \_\_\_ No X
43. Have you ever sought help or treatment for use of alcohol or drugs? Yes \_\_\_ No X
44. Have you had any moving violations in the last 3 years?  
NA
45. Have you been charged with DUI/DWI in the last 5 years?  
NA
46. Have you had any traffic accidents in the last 3 years?  
NA
47. Has your license been suspended or revoked in the last 5 years?  
NA
48. Have you ever been arrested AND convicted? Yes \_\_\_ No X
49. How many dependents?  
0
50. Are you active in any associations or organizations? Yes \_\_\_ No X
51. Do you participate in any sports or exercise program? Yes X No \_\_\_
52. What type of sports or exercise program do you participate in?  
EXERCISE
53. How often do you participate?  
GETS EXERCISE DAILY AROUND THE HOME
54. Do you own or operate a motorcycle, all terrain Yes \_\_\_ No X

AGS00000101

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- 12/12/05:42  
537436004884
- or high performance automobile?
55. ~~537436004884~~ ever flown as a pilot? Yes \_\_\_ No X
56. Do you plan on taking flying lessons? Yes \_\_\_ No X
57. Have you ever participated in any sports such as racing, skin diving, scuba diving, sky diving, hang gliding, mountain climbing, parachuting? Yes \_\_\_ No X
58. Do you plan on participating in this type of sports? Yes \_\_\_ No X
59. Have you declared bankruptcy in the last 7 years? Yes \_\_\_ No X
60. Have you ever had any suits, judgments or liens against you? Yes \_\_\_ No X
61. Is your spouse employed? Yes \_\_\_ No X
62. What is the purpose of this insurance?  
FOR THE CHILDREN
63. Is there any other insurance applied for or in force? Yes X No \_\_\_
64. What is the name of the insurance company applied for or in force?  
IN FORCE \$100,000 WITH NEW YORK LIFE. THINKS IT IS THE RIGHT AMOUNT
65. What is the amount of the policy applied for or in force?  
SEE ABOVE
66. Will this insurance replace any insurance in force? Yes \_\_\_ No X
67. Have you ever had insurance refused, rated or cancelled?
68. Are you a USA citizen? Yes X No \_\_\_
69. Special Attention  
APPLICANT DOES NOT HAVE A DRIVERS LICENSE./  
"OTHER UNEARNED IS SOCIAL SECURITY FOR BOTH SPOUSE AND APPLICANT" DID NOT KNOW IF INSURANCE HAD EVER BEEN REFUSED OR RATED OR CANCELED. SAID TO ASK THE BROKER.

## \*INCOME &amp; NET WORTH QUEST\*

Outcome: Complete with contact  
Source: Applicant

AGS00000102

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Earned:	12/12/05542 537186004905	Salary	0		
		Bonus	0		
		Commission	0		
		Other Earned	0		
		Total Earned Income		\$0	
Unearned:		Dividends	Declined		
		Interest	Declined		
		Net Rentals	Declined		
		Other Unearned	19,200		
		Total Unearned Income		\$19,200	
		Total Income			\$19,200
Assets:		Real Estate	1,000,000		
		Car(s)	12,000		
		Stocks / Bonds	Declined		
		Business Equity	0		
		Personals	200,000		
		Pensions	0		
		Cash in Bank	Declined		
		Other Assets	0		
		Total Assets		\$1,212,000	
Liabilities:		Mortgages	0		
		Car Loans	0		
		Secured Loans	0		
		Personal Notes	0		
		Accounts Payable	0		
		Other Liabilities	0		
		Total Liabilities		\$0	
		Net Worth			\$1,212,000

## \*FOREIGN TRAVEL QUESTIONNAIRE\*

Outcome: Complete with contact  
Source: Spouse  
Time Known:  
Name: SPIRA SIMON  
Phone:  
Title: HUSBAND

1. Have you traveled outside of the USA or Canada in the last 3 years? Yes \_\_\_ No X
2. Do you have any plans to travel outside the USA or Canada? Yes \_\_\_ No X
3. Special Attention

## \*Credit Report Summary\*

Outcome: Complete with contact

AGS00000103